

FILED OCT 28 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38559

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 2515

1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Kirkwood TOWN Kirkwood				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Sunset Hills 4770 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hospital				Length of stay in lb 1 day		d. STREET ADDRESS 256 Deane Ct. (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) JENNIE EDNA WRIGHT				4. DATE OF DEATH Oct. 9, 1957			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH March 31, 1888	
9. AGE (In years last birthday) 69		IF UNDER 1 YEAR Months Days Hours Min.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (City and state or country) Martin's Ferry, Ohio	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and state or country) Martin's Ferry, Ohio		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Robert Roberts				14. MOTHER'S MAIDEN NAME Elizabeth Roberts			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None				16. SOCIAL SECURITY NO. 290-10-5330		17. INFORMANT Robert Wright, 1324 Bopp Rd. Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Septicemia Conditions, if any, which gave rise to above cause (b), stating the underlying cause last. Carcinoma of the endometrium DUE TO (b) 2 years DUE TO (c) 2 years PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) 172X				INTERVAL BETWEEN ONSET AND DEATH 2 days			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			
20f. CITY, TOWN, OR LOCATION				COUNTY STATE			
21. I attended the deceased from April 1957 , to Oct 9, 1957 and last saw her/him alive on Oct 9, 1957 Death occurred at 3:05 P m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Charles Miller MD.				22b. ADDRESS 206 N. Clay, Kirkwood		22c. DATE SIGNED 10-10-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 10/11/57		23c. NAME OF CEMETERY OR CREMATORY Mt. Peace Cemetery		23d. LOCATION (City, town, or county) (State) Akron, Ohio	
24. FUNERAL DIRECTOR Pfztinger Mortuary, Kirkwood, Mo.				25. DATE RECD. BY LOCAL REG. 10-10-57		26. REGISTRAR'S SIGNATURE Herbert B. Donke MD	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Don E. Hoff*.....

Licensed Embalmer No. *43*.....

P. O. Address *Hoff Co.*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.